



# NOTICE OF INTENT (NOI)

## for Concentrated Animal Feeding Operations

### Under AZPDES Permit No. AZG2004-002

FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE FAXED TO (602) 771-4674 OR SUBMITTED TO:

CAFO Program- Water Quality Compliance Section/ CAFO NOI  
Arizona Department of Environmental Quality  
1110 West Washington, 5415B-1, Phoenix, Arizona 85007

Was this operation previously authorized under the 2001 (EPA) CAFO General Permit AZG800000?

☐ YES ☐ NO If yes, provide your current authorization No. \_\_\_\_\_

Is this NOI a revision to one previously filed under the **2004 AZPDES CAFO General Permit**?

☐ YES ☐ NO If yes, provide your current authorization No. \_\_\_\_\_

Operation Status:

☐ Existing Facility/Operation

☐ Proposed Facility/  
Operation

### I. OPERATOR INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_

STATUS: Federal ☐ State ☐ Other Public ☐ Private ☐ Tribal ☐

### II. OWNER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_

STATUS: Federal ☐ State ☐ Other Public ☐ Private ☐ Tribal ☐

### III. CAFO INFORMATION

CAFO Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CAFO Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site physical location (include address, if applicable and directions from nearest municipality): \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The applicant must provide a topographic map of the geographic area in which the CAFO is located showing the specific location of the production area. Is topographic map attached? ☐ Yes ☐ No

Provide the latitude/longitude of the entrance to the CAFO production area:

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Must Have At Least 6 Digits Must Have At Least 7 Digits

Provide the type and number of animals confined at the CAFO (breakdown swine count by number < 55 lbs and number =55 lbs):

Type of Animal	Max No. in open confinement	Max No. housed under roof
TOTAL:	TOTAL:	TOTAL:

**III. CAFO INFORMATION (continued)**

Describe the type of confinement and storage and total capacity for manure, litter, and process wastewater:

Type of Storage	Total Number of Days	Total Capacity (gallons or tons)
anaerobic lagoon		
roofed storage shed		
storage ponds		
underfloor pits		
above ground storage tanks		
below ground storage tanks		
concrete pad		
impervious soil pad		
Other:		

The total number of acres under control of the applicant available for land application of manure, litter, or process wastewater: \_\_\_\_\_

Is any part of the CAFO on Indian Country? ☐ YES ☐ NO If yes, what percentage of land is Indian Country? \_\_\_\_\_%

Estimate the amount of manure, litter, and process wastewater generated by the CAFO per year.

MANURE: \_\_\_\_\_ (tons) LITTER: \_\_\_\_\_ (tons) PROCESS WASTEWATER: \_\_\_\_\_ (gallons)

Estimate the amount of manure, litter, and process wastewater transferred to other persons per year.

MANURE: \_\_\_\_\_ (tons) LITTER: \_\_\_\_\_ (tons) PROCESS WASTEWATER: \_\_\_\_\_ (gallons)

**IV. DISCHARGE LOCATION**

Identify the closest downgradient waters of the U.S. to CAFO: (including dry washes, named waterbodies, and unnamed tributaries): \_\_\_\_\_

Distance from the closest CAFO property boundary to the receiving water identified above: \_\_\_\_\_ (miles)

Provide lat/long for the discharge point closest to the receiving water:

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Must Have At Least 6 Digits

Must Have At Least 7 Digits

Is there a potential for any discharges from the site to enter a municipal storm sewer system (MS4), canal, or a privately owned conveyance? ☐ YES ☐ NO If yes, enter name of MS4, canal or conveyance owner: \_\_\_\_\_**V. NUTRIENT MANAGEMENT PLAN (NMP).**Has an NMP been developed for the operation? ☐ YES ☐ NOIf a new source, is the NMP attached? ☐ YES ☐ NOIs an NMP being implemented for the operation? ☐ YES ☐ NO If no, when will the NMP be implemented? Date: \_\_\_\_\_

The date of the last review or revision of the NMP. Date: \_\_\_\_\_

If not land applying, describe alternative uses(s) of manure, litter, and wastewater: \_\_\_\_\_

The NMP may be viewed at the following location: \_\_\_\_\_

To view the NMP, contact: (name and phone of contact person) \_\_\_\_\_

The certified Nutrient Management Planning Specialist who developed the NMP is: \_\_\_\_\_

The certified Nutrient Management Planning Specialist who approved the NMP is: \_\_\_\_\_

**VI. CERTIFICATION BY AUTHORIZED SIGNATORY (PER PART VIII.K.1 OF THE PERMIT)**

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons direction responsible for gathering the information, I believe the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition I certify that the owner and operator will comply with all terms and conditions stipulated in General Permit No. AZG2004-002 issued by the Director."*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_